

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health
CERTIFICATE OF DEATH

BOOK 142 PAGE 57

118986

13 SETC 18467

STATE FILE NUMBER

1 NAME ORA VIOLA MALTBY			2 SEX (M / F) Female			3 DEATH DATE (Mo Day Yr) May 21, 1993		
4 AGE LAST BIRTH DAY (Yr) 89	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOURS	7 BIRTH DATE (Mo Day Yr) Sept. 12, 1903	8 BIRTH PLACE (City, State or Foreign Country) Bergen, Minnesota	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10 COUNTY OF DEATH Skamania		
11 CITY, TOWN OR LOCATION OF DEATH Washougal			12 PLACE OF DEATH - IS THIS PLACE THEN GIVE ADDRESS OR DESCRIPTION NAME M. P. 0.10L Lockwood Road				13 BREATHING IN LAST 15 YEARS? (Y/N) Yes	
14 MARITAL STATUS - Married Never Married Widowed (Specify) Widowed		15 SURVIVING SPOUSE (if wife give maiden name)		16 SOCIAL SECURITY NO		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) High School College (1-4 or 5-3) 12		
18 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED)		19 KIND OF BUSINESS OR INDUSTRY		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21 RACE (Specify) White		
22 RESIDENCE - NUMBER AND STREET 0.10L Lockwood Rd.		23 CITY/TOWN OR LOCATION Washougal		24 INSIDE CITY LIMITS? (Yes / No) No	25A COUNTY Skamania	25B LENGTH OF RES IN CO 10	26 STATE Wash.	27 ZIP CODE 98671
28 FATHER'S NAME - FIRST MIDDLE LAST Cyrus Eugene Hicks				29 MOTHER'S NAME - FIRST MIDDLE LAST Olive Olson				
30 DECEASED - NAME Eldred E. Major			31 ADDRESS - STREET OR RFD NO M.P. 0.10L Lockwood Rd., Washougal, WA 98671			32 CITY OR TOWN STATE ZIP		
33 BURIAL CREMATION Cremation		34 DATE (Mo Day Yr) May 25, 1993		35 CEMETERY/CREMATORIUM - NAME Park Hill Crematory			36 LOCATION - CITY/TOWN STATE Vancouver, Washington	
37 FUNERAL DIRECTOR X <i>Straub's Funeral Home</i>		38 NAME OF FACILITY Straub's Funeral Home			39 ADDRESS - FACILITY Case, WA 98607			
40 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X <i>Robert K. Leick, Coroner</i>				41 ON THE BASIS OF EXAMINATION AND INVESTIGATION I AM OPINED DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X <i>Robert K. Leick, Coroner</i>				
42 DATE SIGNED (Mo Day Yr) May 26, 1993		43 HOUR OF SIGNED (Mo Day Yr) 0300		44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CORONER (Type or Print) ROBERT K. LEICK, County Coroner, Skamania County Chas., P.O. Box 790 Stevenson, WA 98648		45 HOUR PROMONCED DEAD (Mo Day Yr) 0735		
46 NAME AND ADDRESS OF CORONER - PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print) ROBERT K. LEICK, County Coroner, Skamania County Chas., P.O. Box 790 Stevenson, WA 98648				47 RECORD-BOOK FILE NUMBER 93-030				
48 ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH CORONARY THROMBOSIS DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
49 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE CERTIFICATE REAL ESTATE TAX EXEMPT				50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes				
51 ACC SUIDE HUNG LIGNEY OR OPENING WOUND (Specify)		52 BURIAL DATE (Mo Day Yr) 1994		53 HOUR OF BURIAL (Mo Day Yr) 1994		54 DESCRIBE BURIAL (Specify) Buried		
55 PLACED AT HOME? (Yes / No)		56 PLACE OF BURIAL - AT HOME, FARM, SEWER, FACILITY, ETC. (Specify)		57 COUNTY OF BURIAL SKAMANIA COUNTY			58 DATE RECEIVED (Mo Day Yr) May 27, 1993	
59 RECORD AMENDMENT (Specify) REVIEWED BY DATE				60 DATE RECEIVED (Mo Day Yr) May 27, 1993				

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT



FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

MAR 23 3 57 PM '94
GARY M. OLSON
AUDITOR

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